



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	47230-10
First Named Inventor	WARREN, Anthony G.
COMPLETE IF KNOWN	
Application Number	10 /612,303
Filing Date	July 3, 2003
Group Art Unit	3752
Examiner Name	Not known

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"HIGH PRESSURE FLEXIBLE CONDUIT"

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☒ was filed on July 3, 2003 as United States Application Number or PCT International

Application Number 10/612,303 and was amended on (MM/DD/YYYY) (If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2,433,914	CANADA	June 27, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith: ☒ Customer Number 23971 ☐ OR ☐ Registered Practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label Here

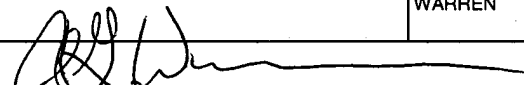
Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

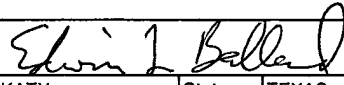
Direct all correspondence to: ☒ Customer Number or Bar Code Label 23971 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		Zip	
County		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statement may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
ANTHONY G.			WARREN		
Inventor's Signature					Date
					2/11/03
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Edmonton					CA
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Post Office Address					
City	Edmonton	State	AB	Zip	T6C 4R3
Country	CANADA				
<input checked="" type="checkbox"/> Additional inventors are being named on the _1_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto,					

DECLARATION**ADDITIONAL INVENTOR(S)****Suppl mental Sheet****Pag _1_ of _1_**

Name of Additional Joint Inventor, if Any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))					Family Name or Surname			
EDWIN L.					BALLARD			
Inventor's Signature					Date		2/11/03	
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Name of Additional Joint Inventor, if Any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))					Family Name or Surname			
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if Any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))					Family Name or Surname			
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		Zip		Country	